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UNIVERSITY OF ALBERTA

A STUDY OF ADOLESCENT SELF-CONCEPT & SEXUAL ACTIVITY: A SAMPLE FROM RURAL ALBERTA

by

PATRICIA L. SCHUSTER

A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
AND RESEARCH IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE
OF MASTER OF EDUCATION
IN
COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1991

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ISBN 0-315-70267-2

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DEGREE: Master of Education

YEAR THIS DEGREE GRANTED: Fall 1991

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled A STUDY OF ADOLESCENT SELF-CONCEPT & SEXUAL ACTIVITY: A SAMPLE FROM RURAL ALBERTA

submitted by PATRICIA L. SCHUSTER in partial fulfillment of the requirements for the degree of Master of Education in Counselling Psychology.

(Supervisor) G. Fitzsimmons

D. Forrest

J. Mitchell

Date: September 30, 1991

Abstract

This study examines the relationship between self-concept and sexual activity in early to middle adolescents in a small sample from rural Alberta.

The subjects were 54 students enrolled in a grade eight program who were participating in a pilot project co-sponsored by the school division and the local health unit. The pilot program, which consisted of an intense three-day workshop, focused on enhancing the adolescent's knowledge of human sexuality and related issues, understanding of peer relationships and peer pressure, and developing assertiveness skills. The instruments used in this study included a brief demographic questionnaire, the Piers-Harris Children's Self-Concept Scale, and pre-test and post-test questionnaires targeting the individual's knowledge, attitudes, and behavior regarding sexuality.

A series of two-way analysis of variance tests were conducted to determine the relationship between sexual activity and gender, between self-concept and sexual activity, as well as to determine any interaction effects.

Results indicated that there was no main effect for sexual activity and self-concept or for gender and sexual activity, and no interaction effect. However, there were some differences between groups on two of the cluster scales of the Piers-Harris. The results indicated that there was a significant difference between the sexually active and sexually inactive group on the physical appearance and attributes cluster scale, with the sexually active

group reporting a higher self-concept. There was also a difference with respect to gender on the anxiety cluster scale score, indicating that males reported less anxiety than females. Two trends emerged on the behavior and popularity clusters. Although the differences were not statistically significant, a trend emerged indicating that the sexually active group reported higher self-concept than the inactive group with respect to popularity with peers. Further, there was a trend on the behavior cluster suggesting that the sexually active group has lower self-concept than the sexually inactive group with respect to their behavior.

A summary of the findings of this study and implications of suggestions for future research were discussed.

Acknowledgements

The author wishes to express her gratitude to all those who provided assistance and encouragement in the writing of this thesis, especially to the following individuals:

Dr. George Fitzsimmons, chairman of the thesis committee, for his encouragement, patience, and guidance.

Dr. John J. Mitchell, for his fastidious editing, direction with the writing process, and encouragement and support.

The teachers and students, who so willingly cooperated during this study.

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Chapter 1

Introduction

Statement of the Problem

The last two decades have been characterized by many changes in sexual issues for adolescents. For example, an increasing proportion of adolescents are sexually active (Herold, 1984; Howard, 1985); the incidence of sexually transmitted diseases, including AIDS (Herold, 1984; O'Reilly and Aural, 1985), has increased among teens; and pregnancies in unmarried adolescents are on the rise. According to recent studies, seven in ten boys and five in ten girls have had sexual intercourse by age fifteen, and about half of the 400,000 illegitimate pregnancies registered annually in the United States occur in early teenagers (Masserman & Uribe, 1989).

Statistics indicate that approximately five in every one hundred adolescent females living in Alberta becomes pregnant each calendar year (Meikle, Pearce, Peitchinis & Pysh, 1980). As a result of these trends, professionals in the fields of education, psychology, medicine, social work and sociology have documented concerns regarding adolescent sexual behavior (Chilman, 1980; Delamater & MacCorquodale, 1979; Koenig & Zelnick, 1982; Landy, Schubert, Cleland, Clark & Montgomery, 1983; McKendry, Walters & Johnson, 1979; Meikle, Pearce, Peitchinis & Psysh, 1981; Phipps-Yonas, 1980; Schlesinger, 1976; Zelnick & Kantner, 1981). Such

concerns have prompted researchers to look more closely at certain aspects of adolescent sexuality.

Masserman & Uribe (1989) suggest that many professionals have viewed the early expressions of sexuality in the present generation of adolescents as normal behavior that strives for openness, empathy and companionship, and is a preparation for adulthood. However, he further suggests that this sexual expression is complicated by familial instability, economic deprivation, educational deficiency, cultural confusion, and other stresses. As a result, adolescent sexuality is increasingly associated with "somatic dysfunctions, delinquency, addictions to alcohol and drugs, venereal disease, pregnancy, abortion or premature motherhood, abuse of unwanted children, suicide, and other serious impairments of individual and social welfare" (Masserman & Uribe, 1989, p. ix). A study conducted by Weber, Elfenbein, Richards, Davis, & Thomas (1989) examining the sexual behavior of 1255 adolescents admitted to a juvenile detention facility strongly links early sexual experience to delinquency.

Further to sexual activity, adolescent pregnancy has repercussions for the adolescent, her child, her family, the government, and society as a whole. The adolescent and her unborn child are at risk medically (Baldwin, 1980; Jorgenson, King & Torrey, 1980; Phipps-Yonas, 1980), psychologically (Chillman, 1980; Phipps-Yonas, 1980), intellectually as a result of the adolescent female's educational disruption (McCarthy & Radish, 1982; Zellman, 1981), and economically (Phipps-Yonas, 1980;

Zellman, 1981). The adolescent confronted with a pregnancy has few available options. All involve a dramatic interruption of her physical, cognitive (i.e., through interruption or discontinuation of her schooling), emotional, and social development. Considering these negative consequences, prevention of pregnancy in adolescence is a primary goal of concerned professionals.

One construct that has been explored over the years, as it relates to sexual behavior during adolescence, is self-concept. A central focus has been an attempt to determine the relationship between adolescent self-concept and early engagement in sexual activity. In order to determine the nature of this relationship, a large body of theory and empirical research has emerged.

Self-concept is an important construct that significantly impacts the individual and his behavior throughout the life span (Wylie, 1974). The importance of self-concept in understanding human personality and behavior has been posited by numerous psychological theorists (Maslow, 1962; Rogers, 1951; Jacobson, 1964; Erikson, 1968; Wylie, 1979; Ellis and Travis, 1982; and Coopersmith, 1967). Generally these theorists suggest that the individual's beliefs and perceptions of the self filter all of the individual's perceptions of his experiences, and as well, guide or influence his behavioral interactions with the external world. Therefore, perceptions and evaluations of the self are an integral part of human existence and human behavior. In order to fully explore sexual behavior, an understanding and examination of self-concept is necessary.

The formation of self-concept is a primary developmental task of both childhood and adolescence (Erikson, 1968; Saxana, 1979; Rosenburg, 1965; and Barret & Harren, 1979). During adolescence, the individual is charged with the task of merging his present self-image with his new emerging sexual identity. This is a formidable developmental task, which is exacerbated by physiological, psychological, emotional, interpersonal, and societal changes and demands. Many theorists (Hall, 1907; Freud, 1946; Erikson, 1968) have suggested that adolescence is a turbulent time characterized by extreme stress. Other theorists (Offer, 1981; Conger, 1973; Mitchell, 1979; Ellis, Gehman & Katzenmeyer, 1980) have suggested that often adolescence is not characterized by extreme stress or chaos. However, all agree that adolescence is a developmental period requiring reorganization, differentiation, and expansion of self-concept, which requires significant energy and induces some stress.

Emerging sexuality demands that the adolescent begin to experiment with, and make decisions regarding sexual behavior. Such choices are influenced, not only by biological and physiological factors, but also by numerous psychological, sociological, and political factors. Personality factors (i.e., self-concept, anxiety level, depression), emotional needs (i.e., intimacy, belonging, dominance, intensity), peer group pressure, and societal and familial expectations play important roles in sexual behavior and in sexual decision making for the adolescent. Consequently, these factors are important issues to be considered when examining adolescent

sexual behavior.

The relationship between self-concept and sexual behavior is an intriguing one. It has been discussed theoretically and researched empirically. Some have hypothesized that young adolescents engaging in sexual activity are likely to have a low self-concept. Numerous studies have compared pregnant and non-pregnant adolescents and their respective self-concepts. The results of such studies suggest that the self-concept of pregnant adolescents is lower than that of non-pregnant adolescents (Lindemann, 1974; Zongker, 1977 & 1980; Patten, 1981; Horn & Rudolph, 1987; Elkes & Crocitto, 1987). However, a few studies have not supported this hypothesis and have found no significant difference in levels of self-concept between pregnant and non-pregnant adolescent females (Garris, Steckler & McIntire, 1976; Lineberger, 1987). Such conflicting data raises some interesting questions with respect to the exact relationship between self-concept and sexual behavior.

Most studies have explored self-concept in pregnant versus non-pregnant females; therefore, such studies have predominantly focussed on females and have generally excluded adolescent males. This is likely because sexual activity is more difficult to ascertain than pregnancy. Very few studies have examined differences in self-concept using sexually active, non-pregnant, females and sexually active males contrasted with sexually inactive individuals. It is likely that were these two populations used (i.e., sexually active non-pregnant versus sexually inactive), different results

from studies examining pregnant and non-pregant populations would emerge on the dimension of self-concept.

These definite gaps in the literature examining adolescent sexual behavior and self-concept give rise to a number of questions: What is the nature of the relationship between self-concept and early sexual activity? Is there a difference in the self-concepts of sexually active adolescents and sexually inactive adolescents? Are there any gender differences with respect to self-concept and sexual activity?

It is apparent that the question regarding the nature of the relationship between adolescent sexual activity and self-concept remains unanswered. This question can only be answered by conducting further empirical research involving sexually active, non-pregnant adolescents, and both genders. Therefore, this study was designed to examine both male and female adolescents and their level of sexual activity as it relates to their self-concept.

In summary, the importance of this study is based on six main assumptions previously discussed in this section:

1) The increase in early adolescent sexual behavior is an important issue which has significant individual, familial, and societal costs.

2) Self-concept is an important phenomenological construct that influences human behavior across the life span.

3) Human sexual behavior is influenced by self-concept.

4) During adolescence, the self-concept undergoes considerable reorganization, differentiation, and expansion to include one's sexual identity.

5) In order to better understand adolescent sexual behavior, an examination of self-concept is helpful.

6) Definite gaps exist in the literature regarding the relationship between adolescent self-concept and sexual activity for both males and females.

The following questions will guide the research for this study:

1) Does a difference exist between the perceived self-concept of adolescent males and females?

2) Does a difference exist between the perceived self-concept of sexually active and sexually inactive adolescents?

3) Is there something unique in the interaction of gender and sexual activity which impacts self-concept?

Definitions

The following definitions will be utilized for key concepts in this study:

1) *Self-concept* is broadly defined as the individual's own evaluations and perceptions of the self. Coopersmith (1967) defines self-concept as the totality of perceptions a person has about himself which are most vital to the individual himself and that seem to that individual to be "me" at all times and places.

2) *Sexually active* is defined as having had sexual intercourse at least once.

3) *Adolescence* is defined as the developmental period from ages 13 through 18 years, coinciding with the onset of puberty. During this period, the individual undergoes a number of significant physiological, psychological, emotional, and social changes.

Definitions for other specific terms used in this study will be defined as used within the context of the discussion.

Limitations of the Study

There are several factors which should be considered when interpreting the results of this study. As there were only 54 subjects in this study, statistical interpretations are viewed with caution. This was heightened by the small sample size for the sexually active population (N = 7). Further, as a random sample was not utilized in this study, and since the sample size was small, its generalizability is limited.

Another limiting factor was the administration time between the pre-test and the post-test questionnaires, which was very brief (i.e., one week). As these instruments measured not only knowledge but attitudes and behavior, it is likely that the post-test did not accurately reflect changes in these latter areas.

Finally, the assessment instruments relied heavily on self report. This was true for the pre-test/post-test questionnaires regarding attitudes and sexual behavior. It is possible that subjects may have altered their responses on the more controversial items (i.e., "Have you ever had sexual intercourse?") in order to protect themselves. As well, the Piers-Harris Children's Self-Concept Scale (Piers-Harris), the instrument used to measure self-concept, relied

on self report. Therefore, it is possible that the individual may underestimate concerns or problems regarding the area of self-concept. The original sample consisted of 58 subjects; however, four subjects were eliminated from the study due to "fake good" profiles. Consequently, it is difficult to ascertain to what extent, if any, this tendency (i.e., underestimating concerns or problems) affected the group outcomes on this self report instrument.

Overview of the Study

Chapter 2 of this thesis is a review of the literature regarding self-concept, sexual activity, and adolescence. A review of various theoretical perspectives and the development of self-concept during adolescence is discussed. As well, the relationship between self-concept and adolescent sexual activity as seen in the literature is reviewed.

In Chapter 3, the methodology and design of the study is described. Results are reported in Chapter 4 and Chapter 5 contains the summary and discussion of the study.

Chapter 2

Recognition of the importance of self-concept as a dynamic construct in human behavior must certainly be regarded as one of the most fruitful contributions of humanistic psychology. Both in and out of the profession, self-concept has become the subject of considerable research and application to a wide variety of practical problems (Combs, 1981).

There are four aspects regarding self-concept which will be explored in this chapter. The first deals with a definition of self-concept; the second, with self-concept and its development during adolescence; the third, with factors influencing adolescent sexual behavior, including self-concept; and fourth, with the relationship between self-concept and human sexual behavior.

Self-concept

Throughout this century, a number of definitions or perceptions of self-concept have evolved. Generally, the term self-concept refers to the individual's personal experience of the self (Allport, 1955; James, 1890; Lecky, 1945; Maslow, 1954; Mead, 1934; Murphy, 1947; Raimy, 1948; Snygg and Combs, 1950). Many theorists have endeavored to specify the dynamics of self-concept. Marcia (1980) defines self-concept as "an internal self-constructed, dynamic organization of drives, abilities, beliefs and individual history" (p. 159). Mummendey (1981) defines self-concept as "all self-related cognitions or all attitudes concerning the individual himself" (p. 126). Jacobson (1964) expands the construct by stating that self-concept is used to express the many representations of the

self, or beliefs about the self, to the self.

Rogers (1951) viewed self-concept as the self-structure. According to his view, self-concept may be thought of as an organized configuration of perceptions of the self admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities, beliefs regarding the self in relation to others and to the environment, the perceived value qualities of the self as associated with experiences, and personal goals and ideals which are perceived as having positive or negative value. Rogers clearly links self-concept to behavior, stating that "this configuration . . . as Raimy says . . . serves to regulate behavior and may serve to account for uniformities in personality" (cited in Wylie, 1974, p.9).

Although each theorist's definition emphasizes different aspects of self-concept, some common dimensions emerge. Self-concept can be viewed as multi-dimensional, possessing perceptual and evaluative components. This is supported by Wylie (1974), whose survey of the literature concluded that self-concept is a multi-dimensional, phenomenological construct that significantly impacts the individual and his behavior throughout the life span. Therefore, self-concept can be defined as the individual's own evaluations and perceptions of the self. Coopersmith encapsulated the multi-dimensional nature of self-concept by defining it as the totality of perceptions a person has about himself which are most vital to the individual himself and that seem to that individual to be "me" at all times and places.

The complexity and multi-dimensional aspect of self-concept is further reflected in terminology. The terms "self-concept" and "self-esteem" are often used interchangeably when referring to the individual's evaluations and perceptions of the self. Theorists generally make the distinction that self-concept refers to the individual's own evaluations and perceptions of the self, while self-esteem involves the individual's perceptions of how others value and perceive the self. For the sake of clarity, the term self-concept will be used consistently throughout this document.

Self-concept and its Development during Adolescence

Adolescence, which in this study is defined as the period from ages 13 through 18 years of age, coincides with the onset of puberty during which the individual undergoes numerous significant physiological, psychological, emotional, and social changes. As major changes in self-concept occur during adolescence, and as the subjects in this study are adolescents, the development of self-concept in adolescence will be explored in detail.

Erikson (1968) describes the primary developmental task of adolescence as the restructuring of identity which includes the self-concept. During adolescence, the acquisition of more complex cognitive abilities leads to an expansion of awareness of the self and the world. This subsequently leads to a reorganization of the self-concept (Ellis & Davis, 1982).

Havighurst (1953) identified six developmental tasks of the adolescent, including: a) accepting a new physical body;

b) accepting and learning appropriate sex roles; c) achieving economic and emotional independence from parents and other significant adults; d) preparing for and achieving socially responsible behavior necessary for marriage and family; e) achieving new mature relationships with peers of both sexes; and f) adopting values and an ethical system appropriate to society. Such tasks are affected by, and in turn influence, the self-concept, which also undergoes significant change during this developmental period.

Self-concept originates in childhood and evolves slowly into a complex awareness of the self over the course of the life span (Ellis & Davis, 1982). As it is partly learned and partly self-created, the self-concept is slowly constructed over time through interpersonal interactions and reflections on these exchanges (Youniss & Smollar, 1985).

Further, self-concept is an influential construct that critically impacts the individual's attitudes, behavior, values, and life choices throughout his development. Felker (1974) suggests that self-concept is a powerful motivator of behavior as it works to maintain internal stability, determines how experiences are interpreted, and provides a set of predetermined expectations.

In summary, self-concept evolves through the course of the life span, is learned, is a motivating factor of behavior, and impacts the individual's life. Consequently, self-concept affects the individual's developmental process.

There are two views regarding the nature of the adolescent period. One theoretical perspective characterizes adolescence as a

period of *storm and stress* (Hall, 1904), *developmental disturbance* (Freud, 1968), or *identity crisis* (Erikson, 1968). The other, refutes this crisis model and views adolescence as a phase characterized by non-profound stress (Mitchell, 1986). The crisis model of adolescence has been further challenged by the empirical research of Offer (1969) and King (1971), who studied normal adolescents and found that the subjects in their samples were not characterized by excessive stress or turmoil.

Originally, G. Stanley Hall emphasized the turbulent nature of adolescence and is considered to be a strong proponent of the storm and stress perspective. His theory emphasizes the turbulent nature of youth, including the dramatic mood swings and the fluctuating sense of self. According to his perspective, all adolescents experience extreme turmoil throughout the adolescent period. This turmoil is characterized by daily experiences of a wide range of emotions, from depression to ecstasy. Hall believes that the adolescent is capable of the most intense passions and has an incredible range of emotional abilities that vary unpredictably. This image of the adolescent has been widely held in Western culture. Many psychiatrists, social workers, and psychologists hold the position that the nature of adolescence, in general, is a period of significant stress and turmoil. Further, parents in our society have learned to expect this state of acute stress and expect the adolescent years to be extremely tumultuous and difficult (Mitchell, 1979). However, it is important to note that this view of adolescence is largely based upon observation of adolescents who

are considered abnormal and may have been under psychiatric care.

Mitchell (1986) questions the storm and stress theory of adolescence from a theoretical perspective. He differentiates "profound stress", which occurring over a long period of time leads to self-destructive behaviors, neuroses, or psychoses, from "non-profound stress", which is not debilitating over time and is characterized by anguish, irritation, and inconvenience. He states that non-profound stress is primarily manifested during adolescence, particularly during early adolescence.

Mitchell (1986) states that early adolescence (ages 13 through 14) is characterized by a state of non-profound stress. High stressors during early adolescence include self-concept and self identity, parental conflict, and household strain. During this phase, the individual is faced with the task of replacing his childhood identity with an adolescent identity. At this point, the adolescent is still relatively isolated from the dominant society and therefore, is able to restructure his identity in a fairly sheltered environment (i.e., family, peer group, school community). Although interest in the opposite sex is emerging, sexual intimacy is usually avoided. Egocentrism is a major force during this period, which significantly impacts the adolescent's thoughts, perceptions, and emotions. As well, conflict with parents may be at an all-time high.

The differences between early and middle adolescence are significant. Middle adolescence (ages 15 through 16) is marked by the individual's perception of himself as being less like a child and

more like an adult. The middle adolescent is much more adept at dealing with the opposite sex and adults. This is a transition period from the relative non-sexuality of early adolescence to the sexual maturity of late adolescence. Although the primary mode of social interaction is same-sex groupings, the middle adolescent is more comfortable with mixed-sex gatherings, and romantic involvement (i.e., puppy love or having a girlfriend or boyfriend) may begin. This time-period is marked by an expanded world view as the adolescent better understands the outside world and becomes more politically and socially aware. As well, an increased ability for introspection, including self-awareness, self-doubt, and self-criticism emerges.

Middle adolescence is also characterized by increased stress. Mitchell (1986) claims the following four factors contribute to this stress: 1) anguish and despair as the result of an increased awareness of one's personal limitations; 2) increased emotional intensity giving a 'roller coaster' effect; 3) stress associated with romance and sexuality; and 4) residual childhood immaturities, which interfere with interpersonal relationships" (p. 142).

According to Mitchell, late adolescence (ages 17 through 21) is a transition stage that brings the individual from adolescence to adulthood. Generalizations with respect to storm and stress are difficult to make regarding this age group. There appear to be two groups: those (the majority) who are able to work an effective balance between daily tension and emotional stability; and those who experience an escalating period of anxiety. Incidences of

severe psychiatric problems (e.g., suicide, neuroses, drug or alcohol dependency) are more prevalent during this stage than during early or middle adolescence. As the adult world rapidly approaches during late adolescence, pressure and responsibility increase dramatically. "Pertaining to the 'malfunctions' of the identity process, there is no doubt that late adolescence is the most psychiatrically profound time within the entire adolescent period." (Mitchell, 1986, p. 175). A key factor influencing the late adolescent's identity formation is one's sense of personal worth. The nature of our societal structure inhibits the adolescent's development of a strong sense of personal worth, as youth are often excluded from involvement in worthwhile activity. Mitchell (1986) states, "Living in a social context where it is difficult to find worthwhile activity while at the same time emotionally requiring it is part of the adolescent predicament." (p.176).

Additionally, other theoretical understandings of the self-concept of adolescents (Sullivan, 1953) have viewed adolescence as a shifting, developmental period of great importance, which is not necessarily characterized by storm and stress.

Offer (1969) supports this theoretical position with the following conclusions:

> We have not found turmoil to be prevalent in our normal adolescent population. The concept of adolescent turmoil should be seen as only one route for passing through adolescence, one that the majority of our subjects did not utilize. Rebellion was seen in the early adolescence of our

> subjects; in all but a few cases that rebellious behavior was not a part of the total picture of turmoil but was coped with before it grew to chaotic proportions for the individuals involved (p.179).

Offer and Offer (1975) postulated three distinct patterns of growth during adolescence. Those experiencing Continuous Growth (23% of subjects) passed fairly uneventfully through their teen years with a relatively clear focus and goals. They experienced no abnormal stresses in their relationships with members of the opposite sex and had no intense conflicts with their parents. The second pattern, Surgent Growth (35%), was typified by more stress than the first pattern. These teens were characterized by lower self-esteem, periods of regression interspersed with growth progressions, and a greater incidence of anger and depression than the first group. However, they were able to adapt and adjust effectively as they progressed through adolescence.

Finally, the third group, Tumultuous Growth (21%), experienced a pattern typified by the traditional storm and stress theorists. This group experienced a higher degree of emotional turmoil, greater difficulty relating to adults and authority, more behavior problems at school, and greater anxiety.

Conger (1973) further refutes the storm and stress model as being characteristic of the North American adolescent experience as follows:

> It appears that the stresses that adolescence imposes on the individual, particularly in our culture, do not for the

> great majority, lead to the high degree of emotional turmoil, violent mood swings and threatened loss of control suggested by clinical theorists. All of these consequences clearly characterize some adolescents, but the evidence suggests that there has been an unwarranted tendency on the part of clinicians to generalize too readily to the average adolescent findings obtained from a limited segment of the adolescent population (particularly middle to upper-middle class patients and sensitive, alienated young writers) (p.94).

Some empirical research has suggested that not only is adolescence not characterized by "storm and stress", but the individual's self-concept remains relatively stable during this time period. Research conducted by Monge (1973) has indicated that the self-concept of adolescents remained stable across that age period. Protinsky & Farrier (1980) found that early (ages 12 through 14), middle (ages 15 through 16), and late (ages 17 through 18) adolescents experienced some changes in self-concept but not in the direction that one would predict from pure crisis theory. They found that self-concept remained fairly stable over this time period and the greatest instability with respect to the self occurred during the preadolescent (ages 9 through 11) stage. Therefore, an understanding of the transition from childhood to adolescence with respect to the development of self-concept is essential.

Stevens (1975) reported that the self-concept measured in children between the ages of 6 and 10 was stable and consistent

during this time period; at age 11, there was a reorganization of self-concept. She reported that, at this point in time, the 11-year-old's self-concept undergoes differentiation and expansion. Gessell, Ilg, and Ames (1956) state that when an individual reaches approximately 11 years of age, "New emotional patterns are in the process of development; they are not simple throwbacks to an earlier age. They are growth phenomena which have their primary origins within the organism rather than in the patterns of the culture" (p.67). Further research by Ellis, Gehman, and Katzenmeyer (1980) indicated that the adolescent's self-concept continues to differentiate and expand during the adolescent period (ages 13 to 18). At ages 17 to 18, they found that the dimensions of self-concept appear to have crystallized into a stable, multidimensional self-concept, in which the self-acceptance dimension has been altered from an external measure of self-acceptance to an internal measure. Therefore, self-concept gradually emerges to become a structure that includes an increasingly independent, internally evaluated self-acceptance dimension.

In a study examining self-concept changes in pre-adolescents and adolescents, Protinsky & Farrier (1980) examined the self-concept of 210 Caucasian pre-adolescent and adolescent subjects from public schools in rural southwest Virginia. Their results indicated that, with respect to stability of the self, pre-adolescents experienced the most instability, while the early, middle, and late adolescent became relatively more stable with age. They also found that, with respect to self-consciousness, the middle

adolescent group experienced this to the highest degree. They also found some self-image changes that were not in the direction one would predict from pure crisis theory. This would suggest that, due to the crisis of puberty, it would be the early adolescent group that would experience the most stress and change in self-concept. However, their research indicated that this was not the case. Therefore, they concluded that their study suggests that the stress and storm model of adolescence may not be applicable.

In summary, adolescence is a period of dramatic physical growth and psychological change. As an individual passes through this stage of development, a reorganization and expansion of the self-concept occurs and an increase in sexual activity is noted. By middle adolescence sexuality is an important part of adolescent life. The establishment of the adolescent's sexual identity and its integration into the self-concept is a crucial requisite of this stage. Further, both theory and research suggest that individuals who experience high self-concept may progress more smoothly through adolescence than their counter-parts with low self-concept, who may experience more crisis during this developmental stage.

Factors Influencing Adolescent Sexual Behavior

Traditionally, our society has viewed the adolescent as sexually mature, but socially and psychologically immature (McCreary Juhasz & Sonnenshein-Schneider, 1987). During the period of adolescence, the adolescent is forced to come to terms with emerging sexuality. As a result, he is faced with making decisions regarding sexual behavior. The challenge of adolescence is

to formulate one's sexual identity and merge it with the other aspects of one's character which are not unique to sexuality (Erikson, 1950).

Adolescent sexual behavior should be viewed as part of the normal psychosocial maturation of teenagers, and sexual activity is only one of the risks that adolescents take. It is important to note that those who engage in one type of risk-taking behavior, like sexual intercourse, tend to engage in other risk-taking behaviors (i.e., fast driving, drug and alcohol experimentation) as well (Epstein and Tamir, 1984).

Freud (1968), Erikson (1950), and Kohlberg (1966) make the following comments with respect to adolescent sexual behavior:

1) Adolescent sexual expression is influenced by other experiences and development which are unrelated to what is usually considered "sexual".

2) Adolescent sexual commitment and activity vary within and across sociocultural events.

3) As adolescents respond to external pressure, society's agenda and expectations are highly influential in determining their sexual activity.

This suggests that adolescent sexual behavior is greatly affected by other non-sexual factors that relate to the individual's social and intrapsychic world. Therefore, these factors, which influence sexual decision-making and sexual behavior, are worthy of a more detailed examination.

Empirical research supports the importance of psychological

influences on adolescent sexual behavior. Sorenson's (1973) research indicated that the strongest motivation for adolescent sexual intimacy is the emotional and psychological need to love and be loved. His work indicated that most adolescents prefer monogamous relationships rather than multiple partners. Research by Rosen & Hershkovitz (1980) indicated that physical enjoyment of sex is not an important motivation, particularly among young adolescents.

Mitchell (1972) suggests, from a theoretical perspective, that several psychological factors influence adolescent sexual behavior: the need for intimacy; the need for belonging; the desire for dominance and submission; competence and exploratory motives; the desire for passion; imitation and identification; and rebelliousness and negative identity.

Humans have an inherent need for psychological intimacy (Montagu, 1966), which becomes more pronounced during adolescence. Mitchell suggests that sexual involvement can foster the development of intimacy on other levels that are not sexual. As the adolescent moves further away from his family of origin and the peer group partially dissolves due to heterosexual pairing-up, the need for intimacy intensifies. His desire for a close personal confidant with whom he can share things as well as develop trust becomes central.

Maslow (1942), Murray (1938), and a host of other psychologists concur that belonging is a basic human need that has psychological, social, and learning value. The need to belong

implies a sense of membership or participation with a particular individual or group. Mitchell hypothesizes a twofold relationship between sexual behavior and the need for belonging. The need for belonging impels adolescents to affiliate and congregate. This togetherness generally leads to the development of an atmosphere of openness, sharing, and security, which increases the probability of sexual interaction and experimentation. Therefore, the adolescent's need for affiliation can lead to sexual behavior, and the need for belonging plays a significant role in sexual consent.

Robert White (1976) identified competence motivation as central to human functioning. He defined competence as "an organism's capacity to interact effectively with its environment." (p. 138). As well, Mitchell states that adolescent sexual behavior is further motivated by curiosity and competency or self-esteem needs. Therefore, competency in sexual behavior is achieved throughout adolescence by experimentation, exploration, and trial and error.

Adolescence is frequently characterized by extremes, as the adolescent is driven by a desire for intensity or passion, which provides intense acknowledgement or validation of the self. Intensity during adolescence provides psychological rejuvenation, raising the individual's spirits, providing affirmation, and confirming the self. Sexual behavior is an important source of intensity or passion for the adolescent. Therefore, passion is frequently more effectively and efficiently experienced through sexual behavior during adolescence than by any other means. This

may be a primary factor which influences, as well as explains, adolescent sexual behavior.

Identification and imitation, which play a major role in all areas of human behavior across the life span, motivate the adolescent to engage in sexual behavior as our society is a sexually oriented culture. The adolescent is driven to imitate or copy adult sexual behavior and he begins to experiment during this stage.

Finally, Mitchell identifies rebelliousness and negative identity as minor motivators of adolescent sexual behavior. Negative identity, defined by Erikson as the adolescent's ability to obtain identification from his negative (unconventional or unpredictable) behavior, is fairly common during the adolescent years. Therefore, it is likely this influences sexual behavior, especially in cases where the adolescent is engaged in intense conflict with parents. Hostility towards parents is commonly cited by females who become pregnant out of wedlock.

In conclusion, it is apparent that adolescent sexual behavior is predominantly motivated by numerous psychological and social factors rather than just biological or physiological ones. As Mitchell (1986) states:

> The adolescent does not engage in sexual behavior merely because of the impulses brought into existence by puberty. Sexual behavior is greatly influenced by personality factors, sometimes to such a degree that they outweigh biological factors. On occasion, sexual behavior among the young is little more than an attempt to gratify

emotional needs (p. 48).

Therefore, any comprehensive study of sexual behavior during adolescence must involve an examination of the psychological and personality characteristics of the adolescent.

Other factors that influence the adolescent's decisions regarding sexual behavior have been identified. A study conducted by McCreary Juhasz & Sonnenshein-Schneider (1987) of five hundred 13 to 19 year-olds identified categories of influence that impacted decisions about intercourse, pregnancy, childbearing, use of birth-control, parenting, and marriage. They identified six categories, three of which related directly to this study: 1) external morality, 2) self-enhancement through sexual intercourse, and 3) intimacy considerations regarding sexual intercourse. In addition, they identified three dimensions that related personality to sexual decision-making factors: 1) gender differences with respect to tough-mindedness, weak superego strength and dominance, and conformity to stereotypic male or female role descriptions, 2) developmental differences with respect to cognitive abilities evidenced in level of intelligence, degree of excitability, level of autonomy, and cognitive maturity, and 3) anxiety (guilt-proneness, lack of control, and impatience) versus adjustment (self-assurance, security, and stability).

Again, the importance of the adolescent's personality characteristics and psychological make-up appears to be a significant factor affecting sexual decisions and therefore, sexual behavior. They found distinct gender differences reflected on the

dimensions of tough-mindedness, weak superego strength, and dominance, which conformed to stereotypic male or female role descriptions. At one extreme, they identified the adolescent male profile reflecting narcissistic sexuality characterized by insensitivity, rejection of romantic illusions, lack of conformity to moral rules, stubbornness, aggressiveness, and a predominant view of sexuality in terms of personal gratification with no concern for the partner. The opposite pole reflected the stereotypic unliberated female, who was tender-minded, romantic, submissive, accommodating, sexually naive, and unconcerned with the consequences of pregnancy.

They also found developmental differences among adolescents. Younger, less mature adolescents were less likely to engage in autonomous sexual decision-making, and therefore more likely to rely on external decision-making forces. The older, more cognitively mature adolescent is capable of more autonomous sexual decision-making and therefore less influenced by external moral authority. This group is also less invested in sexual activity for reasons of self-gratification.

With respect to anxiety and adjustment, they found that the more anxious personality is characterized by a hedonistic desire for sexual self-satisfaction and a desire for intimacy. On the other hand, the adjusted personality is less influenced by hedonistic sexual self-gratification and intimacy considerations. They hypothesized that the better adjusted adolescent is not as compelled as the anxiety-prone adolescent to rationalize

intercourse under the guise of intimacy. As it appears that there is a definite relationship between personality, self-concept and sexual behavior, it would be interesting to explore this relationship in more detail.

Cusick (1989) links societal attitudes and social learning to self-concept and sexual behavior. She posits that young women grow up in a society that devalues the female, that some young women may be more likely to internalize such societal standards, and that this translates into low self-concept. Further, she theorizes that, as the ultimate sex role for the female still involves motherhood, young women who cannot compete effectively in the workplace may view childbearing as a legitimate source of self-esteem.

In summary, both theory and research suggest that biology and physiology are secondary factors influencing adolescent sexual behavior; the psychological, emotional, and sociological factors are more predominant influences. Psychological needs, personality factors, and self-concept, appear to significantly affect sexual behavior. Therefore, such influences should be examined in order to fully investigate adolescent sexual behavior.

Self-concept and Sexual Behavior

As the focus of this study is self-concept as it relates to sexual behavior, this construct will be explored in more detail.

Since the 1950's, researchers have focussed on examining poor self-concept as a risk factor in adolescent pregnancy (Abernathy, 1975; Malmquist, Kiresuk, and Spano, 1966; Robbins,

Kaplan, and Martin, 1985; Young, 1954). As a result, much of the research examining the relationship between self-concept and early adolescent sexual activity has focussed on pregnant adolescents.

Meyerowitz & Malev (1973) worked for one year with early adolescents and their parents in a multicultural area with a high incidence of adolescent pregnancy. As a result of their work and observations in this area, they developed a predictive model of teenage pregnancy that linked self-concept and sexual behavior. They hypothesized seven factors, which individually or in combination, may be predictive of adolescent pregnancy:

1. Pregnancy as a response to self-esteem (low ego strength).
2. Apathy and/or depression.
3. Conflict between the negative sanctions on illegitimacy and the peer-tolerant subculture.
4. Specific delinquencies (e.g., acting out, school truancy).
5. Psychosocial developmental deviance.
6. Inconsistent socialization.
7. World view (locus of control) (p. 253).

Stratton & Spitzer (1967) hypothesized that a social deviance model could be used to study the relationship between self-concept and sexual permissiveness among adolescents. They proposed that those who conformed to societal norms would evaluate themselves more positively than those who deviated from the norms. Therefore, societal norms were proposed to play a key role in the relationship between self-concept and sexual behavior. Although their study involved college students, who are much older than the

sample used in this study, their findings are interesting and may have some application to understanding the relationship between self-concept and adolescent sexual behavior. In their study of students at a college, where the majority of students disapproved of premarital intercourse, they found that those who deviated from the norm by approving of premarital intercourse had lower self-concepts than those who did not. Perlman (1974) concurred with Stratton and Spitzer's social deviance model, emphasizing that the relationship between sexual permissiveness and self-concept is dependent upon societal norms and predicted that, in a liberal environment, permissive individuals would have a higher self-concept. However, at a moderately liberal university, Perlman found no association between self-concept and attitudinal or behavioral permissiveness. In contrast, in a more liberal sample, he found that high self-concept individuals had more coital partners.

In a further study examining sexual attitudes, self-concept, and sexual behavior, Herold and Goodwin (1979) studied 486 single females (ages 13 to 20) attending birth control and pregnancy counselling centers in southern Ontario. They were diagnosed as having liberal sexual attitudes. 89% of the young women approved of premarital intercourse with affection and, 76% were involved in an exclusive relationship with one person. Only 14% indicated approval of sexual intercourse without affection, suggesting a negative view of this standard. Therefore, they hypothesized a negative relationship between self-concept and acceptance of

premarital intercourse without affection. They found no relationship between these two variables; however, they did find a positive relationship between self-concept and premarital intercourse with affection. Therefore, there appears to be some conflicting empirical data regarding the relationship between self-concept and sexual behavior.

Numerous studies have examined the relationship between self-concept and adolescent sexual activity (i.e., unwanted pregnancy). Lindemann (1974) found that an instrumental factor in unwanted pregnancies among adolescent females was a failure to define and integrate one's self-concept. These females had not, as yet, integrated their sexual identity with other aspects of the self. Their denial of their sexuality had led to their avoidance of contraception and therefore, to their pregnancy. Further, a study by Abernathy, Robbins, Abernathy, Grechbaum, and Weiss (1975) indicated low self-esteem among pregnant adolescents, suggesting that self-devaluation led to greater sexual activity and risk of unwanted pregnancy. Such studies affirm the probable existence of low self-esteem among pregnant adolescent females. This, of course, does not speak to the issue of sexual activity without pregnancy, which is an important dimension in this study.

Zongker (1977) studied northern Florida secondary school students who had become pregnant and were voluntarily enrolled in a School-Age Parent Program. Using the Tennessee Self-concept Scale (T.S.C.S.), he compared their self-concept to a voluntary, stratified (by grade and achievement) sample of students from

another secondary school in the same city. Both populations were predominantly black. He found that the pregnant adolescents exhibited a significantly lower self-concept, according to the norming population, on all but one measure of the T.S.C.S. - Counselling Form, Self Acceptance. The control group was also found to have a lower self-concept than the population on which the T.S.C.S. was normed. However, when compared to the control group, the pregnant adolescents obtained significantly lower scores on scales measuring sense of personal worth, satisfaction with family relationships, and satisfaction with physical self. In a further study examining differences between single and married school-age mothers (again, a predominantly black population), Zongker (1980) found a significant difference in self-concept. The single school-age mothers differed from the comparison group on 11 of the 26 variables. They were found to perceive themselves as unworthy, morally "bad", and were extremely unhappy with their behavior, family relationships, and physical selves. Although their married counterparts had somewhat lower self-concepts relative to the norming population, their most negative self-perceptions focussed on their moral, ethical selves.

A study conducted by Protensky, Sporakowski, & Atkins (1982) examined and compared the self-concept of pregnant and non-pregnant adolescents. The pregnant sample consisted of 30 subjects, who were from southwest Virginia, with a mean age of 16.1 years. Sixty-three (63) percent of these subjects were black and 46% currently enrolled in the 10th grade. The control, or non-

pregnant, group consisted of 30 subjects with a mean age of 15.6 years. Most of these subjects were white (90%) and all of them were enrolled in the 10th grade at another school in southwest Virginia. The instrument used to measure self-concept was the Ego Identity Scale developed by J. Rasmussen, which is based on Erikson's work regarding ego identity. They found a significant difference between the pregnant and non-pregnant groups. The pregnant group had a significantly lower total self-concept or ego identity score. However, it is important to note that there were some limitations to this study, particularly with respect to the racial composition of the samples. Therefore, these results should be interpreted with caution. However, they do tend to support the hypothesis that there is a relationship between lower self-concept and adolescent pregnancy or sexually activity.

Patten (1981) investigated the importance of self-concept in adolescent pregnancy, comparing the self perceptions of unwed adolescents (1979 population) with those of unwed adolescents in previous studies (1963 and 1970 populations), and with published norms of the general population, using the Tennessee Self-Concept Scale. She found that the self-concept of females who became pregnant in 1979 was not significantly different than that of females who became pregnant in earlier years; subjects in all three studies had reduced self-concepts relative to the norms of the general population. This data supported previous findings (Abernathy, Robbins, Abernathy, Grechbaum, Weiss, 1975; Zongker, 1977 & 1980) suggesting that pregnant adolescents have

diminished self-concepts when compared to the general population.

In a study conducted by Horn and Rudolph (1987), there were similar findings. They examined a population consisting of 23 unmarried adolescents (11 black and 12 white) between the ages of 13 and 19 years (12 subjects were 17 and under; 11 were 18 and 19 year olds) admitted to a public hospital in Tennessee over a one-year period. Using the Clinical Research Form of the Tennessee Self-Concept Scale, they found that the self-concept of the subjects in this group was significantly lower than that of the norming group.

Elkes and Crocitto (1987) employed a case study approach to assess the self-concept of three pregnant adolescents from a private social service agency in Orlando, Florida, examining life history, personality traits, and development. The Tennessee Self-Concept Scale was administered and indicated that the self-concept scores of these individuals were significantly reduced in comparison to the norms of the general population. This finding is consistent with previous studies conducted by Zongker (1977), who found Total Positive Scores ranking near the 13th percentile, Patten (1981), and Horn and Rudolph (1987), who reported Total Positive Scores for pregnant adolescents to be lower than those recorded for the general population.

A few studies have not supported the hypothesis that sexually active adolescents are more likely to be experiencing low self-concept. A 1976 study conducted by Garris, Steckler, and McIntire examined 192 females attending a youth medical clinic in

Los Angeles for the purpose of obtaining oral contraceptives. They found that the majority of these sexually active individuals did not suffer from low self-concept. Their results indicated that 72 percent of the Before Group (96 females just beginning oral conceptive use) and 80.2 percent of the After Group (96 subjects who had used oral contraceptives for 6 to 8 months) expressed high self-concept by agreeing with the statement "I am content with my personality".

Although these results suggest that there is no direct relationship between low self-concept and the early onset of engagement in sexual activity, it is important to note that this population may be different than previously discussed populations. This difference is manifested by their choice to obtain birth control. This behavior may indicate than they are different from individuals who engage in sexual activity and do not practise contraception. As well, the validity and reliability of the process used to measure self-concept (i.e., agreement with a simple statement) is questionable and limits the generalizability of these results.

In a study conducted by Lineberger (1987) of pregnant adolescent students (4 black, 1 white) in Mississippi, it was found that there were no significant differences in personality characteristics - self-concept, anxiety, and depression - between the pregnant adolescents attending a Parent Education Program (N=5), pregnant adolescents who did not attend a Parent Education Program (N=14), and a combined junior and senior high black non-pregnant population (N=29). It is important to note that results of

the Tennessee Self-Concept Scale indicated that generally these students' self-concept was lower than that of the norming population. The lack of a significant difference between the self-concept scores of the pregnant adolescents and the non-pregnant adolescents contradicts previous findings (Zongker, 1977). This may be due, at least in part, to the nature of the sample populations, as the pregnant population in Zongker's study was predominantly black (88%), while his non-pregnant group was only 18% black. In this study, both groups were almost entirely homogeneous (i.e., black). Further, this non-pregnant population was divided into two groups based upon whether or not they reported that they were sexually active. With respect to the high school population, 23% reported no sexual activity, while at the junior high level, 44% indicated that they were not sexually active. A t-test indicated that the self-concepts of the sexually active (M=292.58) and the sexually inactive (M=314.10) females were not significantly different. This particular finding is inconsistent with previous theory and research in this area, and challenges the hypothesis that adolescents with low self-concept are more likely to become sexually active in order to have some of their intimacy and identity needs met. However, the very small sample size is a confounding variable which limits the validity and generalizability of these results.

A further study conducted by Streetman (1987) also questions the link between sexual activity (i.e., teenage pregnancy) and low self-concept. He administered the Coopersmith Self Esteem

Inventory and the Rosenburg Self-Esteem Index to 93 unmarried females between the ages of 14 and 19 years, who were entering state sponsored training programs. This population was predominantly non-Caucasian and 75% of these subjects had at least one child. A comparison of the teenage group with children (average age of 17.9 years) and the teenage group without children (average age of 16.7 years) yielded no significant difference on self-concept measures. This data challenges the hypothesis that there is a definite link between adolescent pregnancy or sexual activity and low self-concept. Once again, these results are limited in that they compare pregnant and non-pregnant samples and do not explore the sexually active, non-pregnant population.

Held (1981) found similar trends in her work examining the self-concept and social network of 62 women, 17 years of age and younger, who were in their third trimester of pregnancy. In her sample, which consisted of 56% Blacks, 28% Caucasians, and 16% Mexican-Americans, after administering the Coopersmith Self-Esteem Inventory, she found that the pregnant teenagers obtained an average self-concept score when compared to the norming population. When the individual cluster scores were examined, the only significant difference that she found between the pregnant group and the norming population was in the area of school academic self-concept. Therefore, her research suggests that there is no direct link between lower self-concept and pregnancy itself.

In summary, a review of the literature with respect to adolescent sexual activity and self-concept suggests that there is an

inverse relationship between these two factors. That is, as self-concept decreases, the likelihood of engagement in early sexual activity increases. Theoretically, a strong case can be made that a significant relationship between self-concept and sexual activity exists, not only throughout adolescence, but across the lifespan. Unfortunately, empirical research indicates that there is a lack of clarity and agreement regarding the exact nature of and the degree of the relationship between these two variables.

A comparison of these results is confounded by the following factors: 1) no distinction is being made between the self-concept in pregnant versus sexually active females; 2) the question of whether there are racial or SES issues involved is not addressed; and 3) there are often inconsistent sample sizes, and many of the studies have very small N's, with some even utilizing a case study approach.

In order to better clarify the nature of the relationship between self-concept and early adolescent sexual behavior, further empirical research is warranted. It would be beneficial for such research to reduce as many confounding variables as possible and to focus on the sexually active versus sexually inactive populations, including males. In this way, a clearer, more distinctive relationship may emerge between these two variables.

Chapter 3

Design and Methodology

Based on a review of the literature, it was decided that a study investigating the relationship between self-concept and adolescent sexual activity would add to the body of knowledge. The study was conducted in a rural community in northwestern Alberta. Data relating to self-concept and sexual knowledge, attitudes, and behavior were collected from a single group of middle adolescent subjects. The subjects were divided into groups by gender and sexual activity, those who were sexually active and those who were not. Sexual activity was defined as those subjects who reported having had sexual intercourse at least once. Their respective levels of self-concept were compared to determine if there were any significant differences on the two variables. The variables under consideration were analyzed using a two-way Analysis of Variance (ANOVA) and t-tests.

Sample

A sample of 54 grade eight adolescents from the Yellowhead School Division was surveyed. These grade eight students were participating in a joint pilot project as part of the regular Health curriculum, in cooperation with the Alberta West Central Health Unit and the school division. An explanation of the nature and purpose of this study was given to the school district personnel and to the students (Appendix A). Parental permission was required in order for students to participate (Appendix B) in the study. Parent

participation in the study was highly encouraged, but not mandatory. Students were informed that their participation was voluntary and anonymity was assured.

Sample descriptors were obtained utilizing a brief demographic questionnaire (Appendix C). All 54 participants were registered in grade eight, and ranged in age from 13 to 15 years. The students attended three schools within the Yellowhead School District; 53.7% were from Hinton School, 13% from Grand Trunk School, and 33.3% from Wildwood School. The group consisted of 18 males (33.3%) and 36 females (66.7%).

Tests Administered

Each student was asked to complete four questionnaires: a Demographic Questionnaire; a Pre-test Questionnaire with respect to sexuality; the Piers-Harris Children's Self-Concept Scale; and a Post-Test Questionnaire. Copies of these instruments are included in Appendices C, D, and F. Not all students (total sample 98) completed all four instruments; therefore, complete data was available for 58 participants. These were the focus of this study. Four individuals were removed from the study as their results on the Piers-Harris indicated response bias; that is, their item responses depicted a "faking good" profile. To facilitate the reader's understanding of the instruments used, a brief description of each is provided here.

Piers-Harris Children's Self-Concept Scale.

The Piers-Harris Children's Self-Concept Scale (Piers-Harris), subtitled "The Way I Feel About Myself" (Appendix D), was

administered to every student in the research sample. This is an eighty item, forced choice self-report instrument which yields a picture of an individual's self-concept in relation to six factors: Behavior; Intellectual and School Status; Physical Appearance and Attributes; Anxiety; Popularity; and Happiness and Satisfaction.

The Behavior cluster reflects the extent to which the child admits or denies problematic behaviors both at school and at home. A child's assessment of his abilities regarding intellectual and academic tasks, and his general satisfaction with these is reflected on the Intellectual and School Status cluster scale. The Physical Appearance and Attributes cluster reflects the child's attitude concerning his physical characteristics, as well as his ability to express ideas and his leadership skills. The Anxiety cluster provides an indication of the child's "general emotional disturbance and dysphoric mood" (Piers, 1984, p.39). A child's evaluation of his popularity with classmates and ability to make friends is reflected on the Popularity cluster. Finally, the Happiness and Satisfaction cluster provides an indication of the child's general feeling of being a happy person and being generally satisfied with life.

These cluster scales were developed using several factor analyses and include most, but not all, of the eighty items comprising the total scale. In addition, it yields a Total Self-Concept score. All of these scales are scored in a positive direction so that a high score on a particular cluster, or on the whole instrument, suggests high self-concept. The Piers-Harris focuses on conscious self perceptions. On this instrument, the terms self-concept, self-

esteem, and self-regard are used interchangeably. This instrument was developed by Ellen V. Piers and Dale B. Harris (1969) and is published by Western Psychological Services. Permission to utilize this questionnaire in this study was obtained from the publisher (see Appendix E).

The administration time for the Piers-Harris is approximately twenty to thirty minutes and it was administered to each individual within the group setting. As this instrument requires a grade three reading level, students were able to complete this independently, with minimal assistance from the teacher. The questionnaires were hand-scored according to the revised manual (1984). This instrument yields raw scores which are converted to percentiles, stanines, and T-scores. T-scores were used as the basis for statistical analyses in this study.

Standardization Sample

The Piers-Harris was developed during the 1960's on a sample of 1183 school age children (grades 4 through 12) from a public school system in a small town in Pennsylvania in the United States. Scores were pooled for normative purposes, as no consistent sex or grade differences were found. Further, the distribution was negatively skewed, indicating a tendency to respond in the direction of a positive self-concept. Therefore, it is possible that this instrument, like many other self-report personality instruments, may underestimate problems in self-concept.

The present scale is based on an original pool of items developed by Jersild (1952), who asked children what they liked

and did not like about themselves. An initial item pool of 164 items was constructed to reflect various aspects of children's self-concept, and was administered to a sample of 90 children in grades 3, 4, and 5. Subsequent to this administration, non-discriminatory items (i.e., answered in one direction by less than 10% and/or more than 90% of the respondents) were deleted. Utilizing a grade six sample of 127 students, the thirty highest and thirty lowest scores were identified. Only items which discriminated significantly between these high and low groups ($p<.05$), that were answered in the expected direction by at least half the group, were kept. This resulted in the present scale consisting of eighty items.

The Piers-Harris originally yielded a single empirical measure, a total score, derived by adding all responses that are in the direction of positive self-concept. This summary score is still the most widely used and thoroughly researched score obtained from the instrument. In 1963, Piers investigated the multi-dimensional aspects of the scale using the principal components factor analysis. Six interpretable factors (Behavior; Intellectual and School Status; Physical Appearance and Attributes; Anxiety; Popularity; and Happiness and Satisfaction), which accounted for 42% of the common variance in item responses, were found. The individual items that load onto each of these factors are listed in Table 1 of the Piers-Harris Revised Manual (1984, p. 1). These factors are referred to as "cluster scales", reflecting that they were based on a simple unit-weighting procedure rather than weighting based on factor scores. Norms for the cluster scales were based on

a sample of 485 public school children (248 girls and 237 boys), including 279 elementary school, 55 junior high school, and 151 senior high school students. The mean for this population was significantly higher than the mean for the original normative sample, suggesting that these two samples are not exactly comparable. Therefore, caution should be used in interpreting these scores.

In addition, two validity scales, the Inconsistency Index and the Response Bias Index, were added to the scale. These measures are screening devices that assist in identifying deviant response sets. The Inconsistency Index is designed to detect random response sets to the Piers-Harris, while the Response Bias Index is a simple measure of either negative or positive response bias.

Reliability

Test/re-test reliability, measuring the extent to which scores for a single individual are consistent over time and across settings, is good. A number of studies have investigated the test/re-test reliability of the Piers-Harris with both normal and special samples. The reliability coefficients obtained ranged from 0.42 (with an 8 month interval) to 0.96 (with a three to four week interval). The median test-retest reliability was 0.73. Internal consistency estimates, measuring the average correlation among the items within a test, ranged from 0.88 to 0.93 (KR-20 formula). These reliability figures suggest adequate temporal stability and good internal consistency of the Piers-Harris, and compare favorably with other measures employed to assess personality traits in

children and adolescents.

Estimates of the content, criterion-related, and construct validity of the Piers-Harris have been obtained from a number of empirical studies. Such studies used a variety of approaches, including item analysis, intercorrelations among the scales and items, and comparisons of the responses of various criterion groups (Piers, 1984, p. 57). These suggest that the Piers-Harris is a valid instrument.

Demographic Questionnaire

Each subject was required to complete a demographic questionnaire (Appendix C) that was attached to the Piers-Harris Children's Self-Concept Scale. It obtained information with respect to the following: personal demographics regarding date of birth; birth order, height, weight, and subjective assessment of relative size; and school information regarding school attended, home room teacher, and perceived school achievement (in both language arts and mathematics) relative to peers.

Pre-Test/Post-Test Questionnaires

The pre-test/post-test questionnaires were comprised of 92 identical items. They were initially developed locally by health unit personnel and subsequently reviewed and revised by professional educational consultants. The instrument consisted of 14 multiple-choice items (regarding sexual knowledge), 3 forced choice items (regarding sexual behavior), 53 likert scale rating type items (regarding attitudes, values, and decision making with respect to sexual behavior), and 4 "check one or all that apply" type

questions. The questionnaire examined the following: knowledge with respect to human sexuality; attitudes and values towards sexuality and sexual behavior; comfort level with specific social behaviors and sexual involvement; frequency of specific social and sexual behaviors; frequency of application of specific strategies employed when making decisions regarding sexual involvement; participation in specific sexual activities; and finally, the individual's experiences discussing sexuality issues with their parents. The three items exploring the participant's sexual activity, which is the focus of this study, are outlined in Appendix G.

Procedure

Students enrolled in grade eight in the Yellowhead School Division were invited to participate in a human sexuality program, co-sponsored by the Alberta West Central Health Unit and the school division. The program was entitled "It's Cool To Know Your Way In A Relationship", and was implemented due to concerns in the Health Unit jurisdiction regarding the high incidence of teenage pregnancy. It was originally developed and implemented in the United States, and focused on enhancing the adolescent's knowledge of human sexuality and related issues (e.g., dating, contraception, sexually transmitted diseases, pre-marital intercourse), understanding of peer relationships and peer pressure, and developing assertiveness skills. Parental permission (Appendix B) was obtained for students to participate in this intense two-day workshop conducted during the school day. Parents were invited to participate in two evening sessions that complemented the student

workshop. The purpose of the parent sessions was to facilitate better understanding and communication regarding teenage sexuality.

Three separate workshops, which were held during the April-June, 1989 time-frame, consisted of three different groups of students from schools across the school division. At the onset of the program, participating students were required to complete a pre-test questionnaire exploring their current knowledge, attitudes, and behavior with respect to human sexuality and related issues. The workshop involved both lecture and group discussion. One week later, students were required to complete the post-test questionnaire, which was identical to the pre-test questionnaire, to determine whether or not there were any changes after the program implementation. The Piers-Harris Children's Self-Concept Scale, in conjunction with the demographic questionnaire, were also administered at this time. All information obtained throughout the program was confidential and students were tracked by birthdate and gender. This tracking system was possible as, in the final sample, there were no students with identical dates of birth and gender.

Hypotheses

The study was conducted to investigate the following hypotheses:

Ho 1.1: There will be no main effect for sexual activity on the Total Self-concept score.

Ho 1.2: There will be no main effect for gender on the Total Self-concept score.

Ho 1.3: There will be no interaction effect between gender and level of sexual activity on the Total Self-concept score.

Ho 2.1: There will be no main effect for sexual activity on the Behavior cluster score.

Ho 2.2: There will be no main effect for gender on the Behavior cluster score.

Ho 2.3: There will be no interaction effect between gender and level of sexual activity on the Behavior cluster score.

Ho 3.1: There will be no main effect for sexual activity on the Intellectual & School Status cluster score.

Ho 3.2: There will be no main effect for gender on the Intellectual & School Status cluster score.

Ho 3.3: There will be no interaction effect between gender and level of sexual activity on the Intellectual & School Status cluster score.

Ho 4.1: There will be no main effect for sexual activity on the Physical Appearance & Attributes cluster score.

Ho 4.2: There will be no main effect for gender on the Physical Appearance & Attributes cluster score.

Ho 4.3: There will be no interaction effect between gender and level of sexual activity on the Physical Appearance & Attributes cluster score.

Ho 5.1: There will be no main effect for sexual activity on the Anxiety cluster score.

Ho 5.2: There will be no main effect for gender on the Anxiety cluster score.

Ho 5.3: There will be no interaction effect between gender and level of sexual activity on the Anxiety cluster score.

Ho 6.1: There will be no main effect for sexual activity on the Popularity cluster score.

Ho 6.2: There will be no main effect for gender on the Popularity cluster score.

Ho 6.3: There will be no interaction effect between gender and level of sexual activity on the Popularity cluster score.

Ho 7.1: There will be no main effect for sexual activity on the Happiness & Satisfaction cluster score.

Ho 7.2: There will be no main effect for gender on the Happiness & Satisfaction cluster score.

Ho 7.3: There will be no interaction effect between gender and level of sexual activity on the Happiness & Satisfaction cluster score.

Data Analysis

A two-way Analysis of Variance (ANOVA) was computed in order to examine the effects of gender and sexual activity on outcome measures (i.e., six cluster scales and the total self-concept score) of the Piers-Harris. Thus, the variance attributable to gender and sexual activity, and the interaction of these factors could be determined. A statistical package, SPSX, which has options for the ANOVA in the case of unequal sample sizes, was used. Means and standard deviations for each cell were also computed so that the

results could be displayed in graphic form. This yielded a descriptive statistical interpretation of the self-concept scores.

Ethical Considerations

Due to the sensitive nature of the topic itself, and the information obtained on the pre-test and post-test questionnaires, especially with respect to sexual behavior and the Piers-Harris data, preserving the anonymity of the subjects was considered essential. Therefore, all data collected was tracked by an identification number, which was derived from the individual's date of birth and gender. Names were not included on any of the data collected. Further, all participants were fully informed of the purpose of the pilot project and the study, and participation was optional. Additionally, subjects were permitted to decline from continued participation in the project if they so desired. As the participants were minors, informed parental consent was obtained.

Chapter 4

Results

The findings of the empirical data analyses are presented in this chapter. The intent of these analyses was to specify the relationship between self-concept and the variables of sexual activity and gender during adolescence. Self-concept was measured utilizing the Piers-Harris Children's Self-Concept Scale, which provides six cluster scale scores and a total score.

Table 4.1 outlines the characteristics of the study sample. These characteristics include age, gender, school attended, and sexual activity level.

TABLE 4.1

Characteristics of Study Sample According to Age, Gender, School Attended, and Level of Sexual Activity

CHARACTERISTIC	N	PERCENT OF SAMPLE
AGE		
13 years	22	41
14 years	26	48
15 years	6	44
14.2 years (Mean)	54	100
GENDER		
Male	18	33.3
Female	36	66.7

TABLE 4.1 (cont'd)

Characteristics of Study Sample According to
Age, Gender, School Attended, and Level of Sexual Activity

CHARACTERISTIC	N	PERCENT OF SAMPLE
SCHOOL		
Hinton	29	53.7
Grand Trunk	7	13.0
Wildwood	18	33.3
SEXUALLY ACTIVE		
Yes		
Males	3	5.6
Females	4	7.4
No		
Males	15	27.8
Females	32	59.3

The mean age of this grade eight adolescent population was 14.2 years, the majority of the students being from Hinton School. Females outnumbered males by a ratio of two to one. Of this sample, approximately 13% of the subjects reported that they were sexually active, while 87% reported that they were not. Of the males in the sample, 16.67% reported that they were sexually active, and 11.11% of the sampled females reported that they were sexually active. Individuals who were sexually active were defined as those having had sexual intercourse at least once.

More precise descriptors regarding the age of the sexually active sample are presented in Table 4.2

TABLE 4.2

Gender and Age of Sexually Active Population

GENDER	S_s	AGE (Years-Months)	MEAN AGE
Males	S_1	13-10	
	S_2	14-11	
	S_3	15-00	14-7
Females	S_1	13-05	
	S_2	14-03	
	S_3	14-08	
	S_4	15-03	14-5

An examination of the age of the sexually active sample, as outlined in Table 4.2, indicates a mean age for males of approximately 14-7 years and mean age for females of approximately 14-5 years.

It is important to note that the mean total self-concept score for the study sample was 48.78 (sd 10.32), compared to the mean total score of 52.04 (sd 13.52) for the grade eight standardization sample, as cited in the Piers-Harris manual (p. 50). Thus, it appears that the norms of the Piers-Harris apply to the subjects in this study. Further information with respect to the mean T-scores and standard deviations for both males and females for the sexually active and sexually inactive groups, and for the total sample is outlined in Appendix G in Tables 1 through 7.

In order to test the null hypotheses relating to the effects of gender and sexual activity, two-way ANOVAs (using an alpha level

of .05) were conducted on each of the six cluster scores and the total self-concept score. The following section will report these results as they relate to hypotheses one through seven. Tables 4.3 through 4.9 contain tables depicting the ANOVA results of the Piers-Harris Children's Self-Concept Scale scores on the factors of gender and sexual activity. These tables summarize the major inferential statistical findings of this study.

Hypotheses 1.1 - 1.3

Ho 1.1: There will be no main effect for sexual activity on the Total Self-concept score.

Ho 1.2: There will be no main effect for gender on the Total Self-concept score.

Ho 1.3: There will be no interaction effect between gender and level of sexual activity on the Total Self-concept score.

TABLE 4.3

Main & Interaction Effects for Sexual Activity & Gender on the Total Score

SOURCE OF VARIATION	DF	Mean Square	F	p
Sexual Activity	1	0.96	0.009	0.93
Gender	1	135.55	1.250	0.27
Sexual Activity X Gender	1	25.17	0.230	0.63
Residual	50	109.66		

As can be seen from these two-way ANOVA results, there were no effects for level of sexual activity or gender. In other

words, there was no significant difference in the total self-concept scores between males and females, or between the sexually active and sexually inactive groups. As well, there was no interaction effect between these two variables. Therefore, all the null hypotheses (1.1 - 1.3) are accepted.

Hypotheses 2.1 - 2.3

Ho 2.1: There will be no main effect for sexual activity on the Behavior cluster score.

Ho 2.2: There will be no main effect for gender on the Behavior cluster score.

Ho 2.3: There will be no interaction effect between gender and level of sexual activity on the Behavior cluster score.

TABLE 4.4

Main & Interaction Effects for Sexual Activity & Gender on the Behavior Cluster Score

SOURCE OF VARIATION	DF	Mean Square	F	p
Sexual Activity	1	247.46	2.39	0.13
Gender	1	24.04	0.23	0.63
Sexual Activity X Gender	1	148.84	1.44	0.24
Residual	50	103.63		

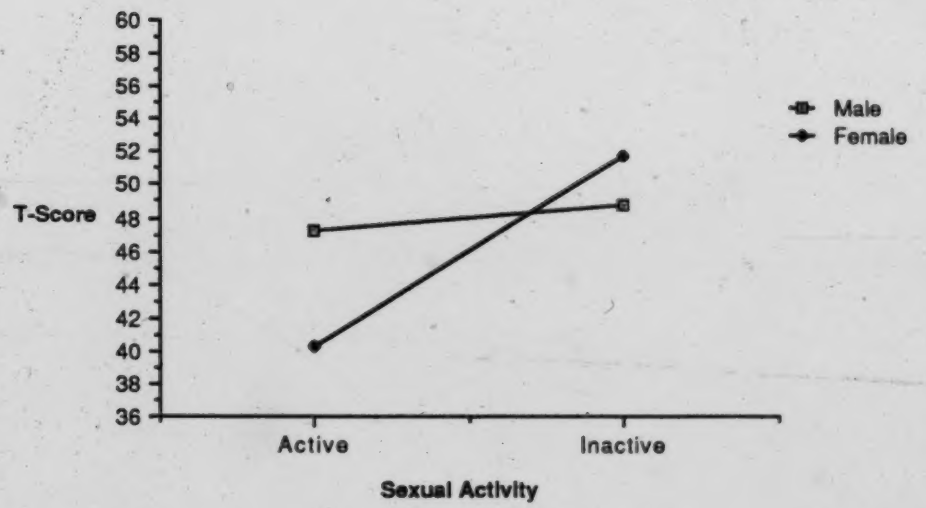
Results of the two-way ANOVA indicated that, although the difference between the sexually active and the sexually inactive groups approached significance (p=.13), it did not reach significance at an alpha level of .05. As well, there was no effect for gender and

no interaction effect. Thus, all the null hypotheses are accepted.

Figure 4.1 is a graphic representation of Table 2 located in Appendix G.

FIGURE 4.1

Mean T-Scores on the Behavior Cluster
for Males and Females Grouped by Sexual Activity



Although there is no significance difference on any measure on the Behavior cluster, when the data in Figure 4.1 is examined, it can be seen that when the groups are collapsed on gender, there is some suggestion that the sexually inactive group has a better self-concept than the sexually active group. As well, although the interaction effect is not significant, there appears to be a trend toward a better self-concept among the sexually inactive females when compared to the sexually active females. This trend was not

evidenced within the male group.

Hypotheses 3.1 - 3.3

Ho 3.1: There will be no main effect for sexual activity on the Intellectual & School Status cluster score.

Ho 3.2: There will be no main effect for gender on the Intellectual & School Status cluster score.

Ho 3.3: There will be no interaction effect between gender and level of sexual activity on the Intellectual & School Status cluster score.

TABLE 4.5

Main & Interaction Effects for Sexual Activity & Gender on the Intellectual & School Status Cluster Score

SOURCE OF VARIATION	DF	Mean Square	F	p
Sexual Activity	1	2.06	0.02	0.86
Gender	1	10.36	0.09	0.77
Sexual Activity X Gender	1	12.96	0.11	0.74
Residual	50	117.78		

The results of the two-way ANOVA indicated that the effects of sexual activity and gender were not significant. In other words, there were no statistically significant differences on the intellectual and school status cluster scale between the groups on the basis of either variable. As well, there was no interaction effect. Therefore, all the null hypotheses (3.1 - 3.3) are accepted.

Hypotheses 4.1 - 4.3

Ho 4.1: There will be no main effect for sexual activity on the Physical Appearance & Attributes cluster score.

Ho 4.2: There will be no main effect for gender on the Physical Appearance & Attributes cluster score.

Ho 4.3: There will be no interaction effect between gender and level of sexual activity on the Physical Appearance & Attributes cluster score.

TABLE 4.6

Main & Interaction Effects for Sexual Activity & Gender on the Physical Appearance & Attributes Cluster Score

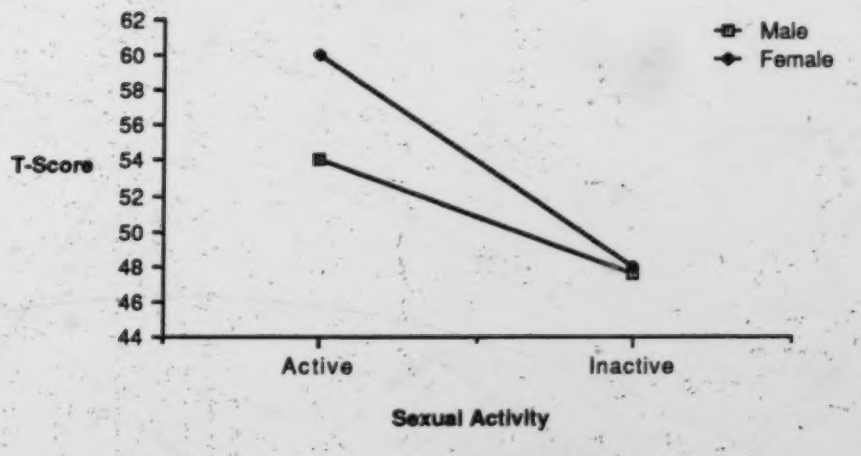
SOURCE OF VARIATION	DF	Mean Square	F	p
Sexual Activity	1	509.59	5.37	0.03*
Gender	1	58.97	0.62	0.43
Sexual Activity X Gender	1	43.44	0.46	0.50
Residual	50	94.92		

The results of the two-way ANOVA indicated that the effect of sexual activity was statistically significant. In other words, there were differences between the groups based on sexual activity level. There were no effects for gender, as well as no interaction effect. Therefore, hypothesis 4.1 is rejected. Hypotheses 4.2 and 4.3 are accepted.

Figure 4.2 is a graphic representation of Table 4 located in Appendix G.

FIGURE 4.2

Mean T-Scores on the Physical Appearance and Attributes Cluster for Males & Females Grouped by Sexual Activity



An examination of Figure 4.2 shows that the significant difference in self-concept found on this cluster is in favour of the sexually active group. That is, regardless of gender, the sexually active adolescents have a significantly better self-concept than the sexually inactive adolescents.

Hypotheses 5.1 - 5.3

Ho 5.1: There will be no main effect for sexual activity on the Anxiety cluster score.

Ho 5.2: There will be no main effect for gender on the Anxiety cluster score.

Ho 5.3: There will be no interaction effect between gender and level of sexual activity on the Anxiety cluster score.

TABLE 4.7

Main & Interaction Effects for Sexual Activity & Gender on the Anxiety Cluster Score

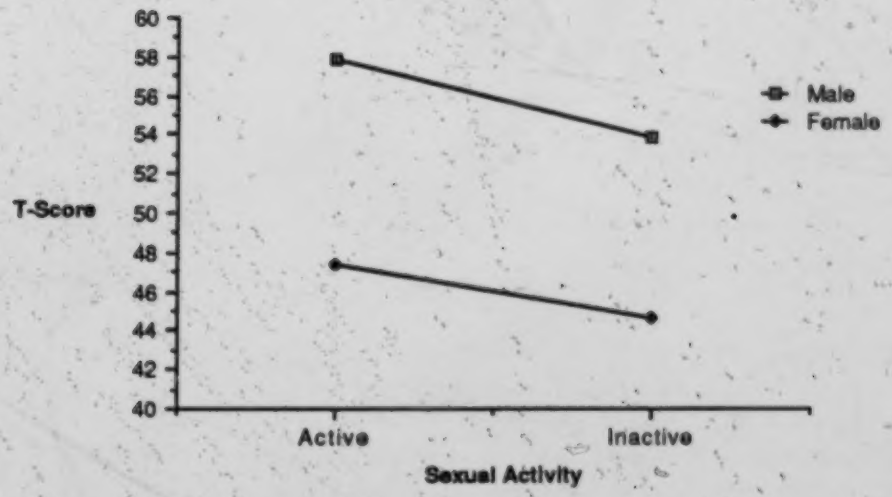
SOURCE OF VARIATION	DF	Mean Square	F	p
Sexual Activity	1	68.97	0.82	0.37
Gender	1	267.38	6.43	0.01**
Sexual Activity X Gender	1	2.70	0.03	0.86
Residual	50	84.15		

The results of the two-way ANOVA indicated that there was no effect for level of sexual activity. However, there was an effect for gender. In other words, there was a statistically significant difference between males and females with respect to their mean anxiety cluster scale scores. Further, there was no interaction effect. Thus, hypothesis 5.2 is rejected. Hypotheses 5.1 and 5.3 are accepted.

Figure 4.3 is a graphic representation of Table 5 located in Appendix G.

FIGURE 4.3

Mean T-Scores on the Anxiety Cluster for
Males & Females Grouped by Sexual Activity



On the Anxiety cluster, a significant difference was found by gender. Figure 4.3 demonstrates that females, as a group, regardless of sexual activity, tended to be more anxious than males as a group. Note: On the Piers-Harris, a low score on this cluster indicates higher anxiety.

Hypotheses 6.1 - 6.3

Ho 6.1: There will be no main effect for sexual activity on the Popularity cluster score.

Ho 6.2: There will be no main effect for gender on the Popularity cluster score.

Ho 6.3: There will be no interaction effect between gender and level of sexual activity on the Popularity cluster score.

TABLE 4.8

Main & Interaction Effects for Sexual Activity & Gender on the Popularity Cluster Score

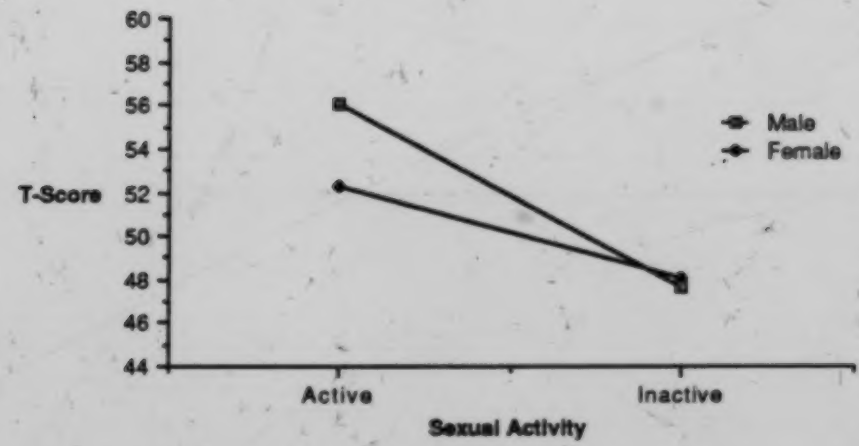
SOURCE OF VARIATION	DF	Mean Square	F	p
Sexual Activity	1	231.99	2.29	0.14
Gender	1	17.08	0.17	0.68
Sexual Activity X Gender	1	26.17	0.26	0.61
Residual	50	101.14		

An examination of the two-way ANOVA results indicates that there is no effect for gender on this scale. Although the difference between the sexually active and sexually inactive groups approached significance (p=.14), it did not reach significance at an alpha level of .05. In other words, it is possible that these differences occurred due to chance alone and there is no main effect for level of sexual activity. Further, there is no interaction effect. Therefore, all the null hypotheses are accepted.

Figure 4.4 is a graphic representation of Table 6 located in Appendix G.

FIGURE 4.4

T-Scores on the Popularity Cluster for
Males and Females Grouped by Sexual Activity



Although on the Popularity cluster there is no significant difference in any area, there appears to be a tendency for the sexually active group, regardless of gender, to have a higher self-concept than the sexually inactive group.

Hypotheses 7.1 - 7.3

Ho 7.1: There will be no main effect for sexual activity on the Happiness & Satisfaction cluster score.

Ho 7.2: There will be no main effect for gender on the Happiness & Satisfaction cluster score.

Ho 7.3: There will be no interaction effect between gender and level of sexual activity on the Happiness & Satisfaction cluster score.

TABLE 4.9

Main & Interaction Effects for Sexual Activity & Gender on the Happiness & Satisfaction Cluster Score

SOURCE OF VARIATION	DF	Mean Square	F	p
Sexual Activity	1	23.35	0.20	0.65
Gender	1	138.18	1.20	0.28
Sexual Activity X Gender	1	0.05	0.00	0.98
Residual	50	114.96		

An analysis of the two-way ANOVA results yielded no significant effects for gender or for level of sexual activity. As well, there was no interaction effect. Therefore, all the null hypotheses (7.1 - 7.3) are accepted.

Chapter 5

Summary and Discussion

This study was designed to examine adolescents and their level of sexual activity as it relates to their self-concept. This chapter will include a discussion of the current findings in relation to the existing literature in the area and implications of these findings. The chapter is organized into the following three sections: Discussion of the study results regarding the relationship between adolescent self-concept, gender, and sexual activity; conclusions of the study; and, implications for future research.

Major Findings

Given the small sample, it is important to exercise caution (i.e., refrain from over-interpretation or over-generalization) when interpreting these results. Overall, results of the empirical analyses indicated that there is no significant difference in global self-concept (i.e., the total score) between males and females or between sexually active and sexually inactive adolescents. Further, there is no interaction effect between these two variables. When these results are scrutinized within the context of the literature, it initially appears that they do not support the findings in the prevailing empirical data. Studies by Lindemann (1974), Abernathy (1975), Zongker (1977 & 1980), Patten (1981), Horn & Rudolph (1987), and Elkes and Crocitto (1987) have all indicated that pregnant females have a significantly lower global self-concept than non-pregnant females or the general population. However, it

is important to note that their literature examines self-concept in pregnant females. The sexually active female participants in this study sample were not pregnant. Therefore, it is possible that these two groups of sexually active females, pregnant versus non-pregnant, are different from one another when exploring the construct of self-concept. Therefore, it is possible that these results do not conflict with the literature; rather, they complement the current body of knowledge.

When these results are compared to the study conducted by Garris, Steckler, and McIntire (1976) there appears to be some agreement, in that there was no significant difference in global self-concept between sexually active and sexually inactive adolescents. The sample populations in these studies were similar to one another in that they were composed of sexually active females who were not pregnant. However, the females in Garris' study were older, between the ages of fifteen and twenty. Therefore, caution should be used when comparing these results. Further, when these results are compared to the results of Lineberger's work (1987), there is agreement, as both indicated no significant difference in global self-concept between the sexually active and sexually inactive groups. Again, however, differences between samples make direct comparisons difficult as Lineberger's study included black, pregnant adolescents. Neither of these groups were represented in this study sample.

When these results are considered in light of studies conducted by Streetman (1987) and Held (1981), there appears to

be agreement, as there is no determinable link between low self-concept and sexual activity. However, again it is important to note that these studies investigated the self-concept of pregnant adolescents or adolescents who had been pregnant. Therefore, direct comparisons with the results of this study must be made with caution, as they are sampling different populations. In summary, caution should be exercised when comparing the results of this study with other studies conducted in the area. It is important to determine the degree of match between the sample populations used, before any direct comparisons can be made and any conclusions drawn.

In contrast, the author's results indicated some significant differences with respect to self-concept on two of the six cluster scores of the Pier-Harris: Physical Appearance and Attributes and Anxiety. The difference in self-concept, regarding his perceptions of his physical appearance and personal and leadership characteristics, was positive for the sexually active group. The sexually active subjects in this sample reported more positive self perceptions on this dimension than did their sexually inactive peers. Although there was a very small sample size (N=7), it is reasonable to conclude that sexually active adolescents (including both genders) have a more positive self-concept regarding their physical appearance and attractiveness and their perceived value to their peers.

When these results are considered in light of Zongker's studies (1977 & 1980), there are some interesting differences. In

both of his studies comparing the self-concept of predominantly black, pregnant adolescents to non-pregnant adolescents, he found that the pregnant group had a significantly lower self-concept with respect to satisfaction with their physical selves. This is contrary to the findings of this study, which indicate the opposite effect. This difference may be accounted for by the differences in the composition of the samples, as pregnant adolescents may perceive the physical self differently that non-pregnant, but sexually active adolescents. Further empirical investigation regarding this variable is warranted.

There was a significant difference between males and females on the Anxiety cluster, with males scoring higher (less anxious). On this dimension, the males in this study reported less anxiety than females, regardless of level of sexual activity. This result indicates that the females in this study report being generally more worried and nervous than their male peers. This finding is consistent with the results of other studies examining gender and self-concept utilizing the Piers-Harris (Lord, 1971; Osborne and LeGette, 1982; Piers, 1965). This finding is further supported by other research in the area of personality assessment, which generally indicates that males consistently report less anxiety and emotional disturbance than do females (Marinelli, 1980; Phillips, 1962). It would be of interest to further explore the anxiety factor and its relationship to self-concept and sexual behavior, especially in light of McCreary Juhasz and Sonnenshein-Schneider's (1987) work, which suggests that anxiety plays an important role in sexual decision-making and

sexual behavior.

Trends

Although there was no significant difference between males and females or sexually active and sexually inactive groups on the remaining four cluster scales, two areas demonstrated emerging trends.

On the Behavior cluster, a trend emerged suggesting that the sexually inactive group may have a more positive perception of their behavior than the sexually active group. In other words, the sexually active group, regardless of gender, may perceive their behavior as more problematic than their sexually inactive peers. It is plausible that this tendency, toward negative perceptions regarding their behavior, may be linked to the fact that they are sexually active. It is likely that in some instances, sexual activity may lead to negative perceptions regarding behavior, while in other cases, a negative view of behavior may lead adolescents to become sexually active. This trend is consistent with the findings of Zongker's studies (1977 & 1980), which indicated that pregnant adolescents reported a significantly lower self-concept with respect to behavior. Further, there appears to be a match when this trend is examined in the light of the work conducted by McCreary Juhasz and Sonnenshein-Schneider (1987). Their study indicated that early and middle adolescents, as were the participants in this study, were more likely to rely on external decision making forces regarding sexual behavior. Therefore, it would follow that if such individuals engaged in sexual behavior, which was not sanctioned

by one or more of their significant referrants, these adolescents may experience more guilt and anxiety regarding their behavior, which may contravene familial and societal moral standards. Further, such subjects may tend to perceive their behavior as more problematic and less desirable. This trend also fits with the work of Meyerowitz and Malev (1973), who developed a predictive model of adolescent pregnancy. Their model hypothesized seven factors leading to adolescent pregnancy, one of which was "specific delinquencies, for example: acting out behavior, school truancy" (p. 253). This again speaks to the possible link between early adolescent sexual activity and behavioral difficulties. Finally, this trend is consistent with the study conducted by Weber, et.al. (1989), which strongly linked early sexual activity to delinquent behavior (82.5% of the juveniles, ages 10 to 19, entering the detention centre report having experienced sexual intercourse). Therefore, it appears that this trend warrants further empirical investigation.

On the Popularity cluster, there was a tendency for the sexually active group, regardless of gender, to report a higher self-concept than the sexually inactive group. Therefore, it appears that it may be possible that the sexually active group perceives that they are more popular with peers. As they are likely involved in dating, which generally precedes sexual activity, they may perceive that they are desirable and interpret this as an indication of their popularity with peers. As well, this trend may be related to the more permissive sexual mores of our present culture, as well as to

the peer-tolerant subculture, both of which accept the standard of "sex with affection" (Herold, 1984, p. 11). Sexually active adolescents may perceive themselves as more popular, as they conform to this prevailing standard. Meyerowitz and Malev's work supports the hypothesis that sexual activity allows the adolescent to gain status with peers, therefore enhancing both popularity and the perception of it. This trend is further supported by theorists (Freud, 1968; Erikson, 1950; Kohlberg, 1966), who indicate that throughout adolescence the individual's sexual behavior is influenced by society's agenda and expectations. As well, this trend is supported by the theoretical position (Maslow, 1962; Murray, 1938) that the adolescent's need for belonging impels him to affiliate with and conform to his peers and their subculture. Further investigation of the relationship between sexual activity, the adolescent's need for belonging, permissive sexual mores of Western culture and the peer sub-culture, and perceived popularity appears warranted.

Future Direction for Research

Due to the fact that this was a small, convenience sample, the previously mentioned findings have low generalizability to the rest of the population. The findings are most relevant to adolescents in rural Alberta. Yet, the findings from this study lend support to those in previous studies, as well as indicate a need for further research in the area of adolescent sexual activity and self-concept.

1) Due to the small sample size and the low generalizability of these results, it would be valuable to replicate this study with

larger N's. A sample of 500 adolescents, including both genders, would be desirable. Further, it would be useful to conduct a longitudinal study, through the school system or health unit, examining the changes in self-concept and sexual behavior, over a five year time period from pre-adolescence to middle adolescence. In this way, it may be possible to determine whether or not a significant relationship exists between self-concept and early adolescent sexual activity. Further, if such a relationship does exist, it would assist in addressing the issue of whether low self-concept results in early adolescent sexual activity, or whether early adolescent sexual activity leads to low self-concept.

2) Due to the self report nature and related validity concerns, it may be beneficial to develop a Lie Scale for the Pier-Harris Children's Self-Concept Scale.

3) Due to the gender differences found on the Anxiety cluster scale of the Piers-Harris, it may be desirable to re-examine the norming procedure for the Anxiety cluster. Separate norms for males and females may be warranted.

4) A further investigation of the trends found in this study regarding the nature of the relationships between self perceptions of behavior and popularity with peers and sexual activity should be explored empirically.

In conclusion, self-concept is an important construct which influences behavior during the course of the life span. Further, it undergoes significant reorganization and expansion during the adolescent period, which requires an acceptance and integration of

emerging sexuality. Therefore it is likely that self-concept plays a significant role in adolescent sexual behavior. It is important that the nature of the relationship between these two variables be fully examined and understood. With this knowledge, professionals and parents may be better able to advise and assist adolescents in dealing more effectively with their emerging sexuality.

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Appendix A

Directions for Administering Self-Esteem Inventory
Re: It's Cool to Know Your Way in a Relationship
Yellowhead School District, Grade Eight

Enclosed you will find a self-esteem inventory which all of your grade 8 students, who participated in the human sexuality workshop, are requested to complete. Preferably, time should be given during a class period to complete the inventory, which should take approximately 20 to 30 minutes and should be supervised by an adult. The initial portion of this questionnaire contains demographic questions. It is essential that your students complete these questions accurately. Please ensure that they do, in fact, complete each question and clarify any of the items for them. This data is essential to the study, which is attempting to assess the relationship between an individual's self-esteem and their response to a human sexuality program. Generally, the actual self-esteem items are straight-forward and are at a grade three reading level. Students are required to circle their desired response (Yes or No). Once the questionnaires are completed, please check them to ensure that students have completed them and have not "ruined" any items by marking two responses (they may use pencil or pen). Completed questionnaires can then be returned to the principal's office and forwarded to the Central Office.

Your cooperation and effort in this regard is greatly appreciated. When the data has been analyzed, I will be happy to provide you with a copy of the results.

Thank you again for your cooperation.

Pat Schuster
Graduate Student
University of Alberta

Appendix B

Parental Consent Letter

February 15, 1990

Dear:

How often have you said, "I would like to feel more comfortable talking to my teenage son or daughter about sexuality?" After all, PARENTS do provide the most influence in helping their children grow.

The Alberta West Central Health Unit, in cooperation with the Yellowhead School Division, is pleased to be conducting education workshops throughout the school division area. The workshop brings with it a positive approach to understanding teenage sexuality, sexually transmitted diseases, and AIDS.

Martin will be attending the workshop which is being held at the Education Services Centre (YSD), and will involve grade eight students from Jubilee Junior High School on Thursday and Friday, March 1 and 2, 1990 from 9:00 a.m. to 3:30 p.m. Your teen will be expected to bring a bag lunch for both days.

The ultimate success of this workshop has another important component and that's where you fit in. In order to complete the circle of better understanding and communication on teenage sexuality, the PARENTS SESSION will be held on Wednesday and Thursday evening, February 28 and March 1, 1990 beginning at 7:00 p.m. at the Education Services Centre, Yellowhead School Division No. 12 (3656 - 1 Avenue). We NEED your involvement in order to make this important venture a complete success - for everyone.

Thank you very much. We hope to see you and your teenager at the workshop.

Kathy M. Sawitsky	John Martin
Teen Program Coordinator	Director, Secondary Curriculum
Alberta West Central Health Unit	Yellowhead School Division #12

NOTE PLEASE CONTACT THE SCHOOL PRINCIPAL IN YOU DO NOT WISH TO HAVE YOUR TEENAGER INVOLVED IN THIS WORKSHOP.

Appendix C

Demographic Questionnaire

#1 Date of Birth _____ _____ _____ #2 School _____
year month day

#3 Home Room Teacher _____ #4 Gender _____ _____
Male Female

#5 Birth Order in the Family _____ _____ _____ _____
First born Second born Third born Other (Specify)

#6 If you are female, do you have an older sister? _____ _____
Yes No

#7 If you are male, do you have an older brother: _____ _____
Yes No

#8 How tall are you? _____

#9 How much do you weigh? _____

#10 Relative to other individuals in your class, do you consider yourself to be
_____ large for your age
_____ average
_____ small for your age

#11 Relative to other students in your class, do you consider yourself to be
_____ an above average student
_____ an average student
_____ a below average student

#12 In language arts, my present grades are in the following range:

_____ 91 - 100%
_____ 81 - 90%
_____ 71 - 80%
_____ 61 - 70%
_____ 51 - 60%
_____ 41 - 50%
_____ below 40%

#13 In mathematics, my present grades are in the following range:

_____ 91 - 100%
_____ 81 - 90%
_____ 71 - 80%
_____ 61 - 70%
_____ 51 - 60%
_____ 41 - 50%
_____ below 40%

Appendix D

Piers-Harris Children's Self-Concept Scale

The Way I Feel About Myself

Directions: Here are a set of statements that tell how some people feel about themselves. Read each statement and decide whether or not it describes the way you feel about yourself. If it is true or mostly true for you, circle the word "yes" next to the statement. If it is false or mostly false for you, circle the word "no". Answer every question, even if some are hard to decide. Do not circle both "yes" and "no" for the same statement.

Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

1. My classmates make fun of me ..... yes no
2. I am a happy person ..... yes no
3. It is hard for me to make friends ..... yes no
4. I am often sad ..... yes no
5. I am smart ..... yes no
6. I am shy..... yes no
7. I get nervous when the teacher calls on me..... yes no
8. My looks bother me..... yes no
9. When I grow up, I will be an important person ..... yes no
10. I get worried when we have tests in school ..... yes no
11. I am unpopular ..... yes no
12. I am well behaved in school ..... yes no

13. It is usually my fault when something goes wrong ..... yes no

14. I cause trouble to my family ..... yes no

15. I am strong ..... yes no

16. I have good ideas ..... yes no

17. I am an important member of my family ..... yes no

18. I usually want my own way ..... yes no

19. I am good at making things with my hands ..... yes no

20. I give up easily ..... yes no

21. I am good in my school work ..... yes no

22. I do many bad things ..... yes no

23. I can draw well ..... yes no

24. I am good in music ..... yes no

25. I behave badly at home ..... yes no

26. I am slow in finishing my school work ..... yes no

27. I am an important member of my class ..... yes no

28. I am nervous ..... yes no

29. I have pretty eyes ..... yes no

30. I can give a good report in front of the class ..... yes no

31. In school I am a dreamer ..... yes no

32. I pick on my brother(s) and sister(s) ..... yes no

33. My friends like my ideas ..... yes no

34. I often get into trouble ..... yes no

35. I am obedient at home ..... yes no

36. I am lucky ..... yes no

37. I worry a lot ..... yes no

38. My parents expect too much of me ..... yes no

39. I like being the way I am ..... yes no

40. I feel left out of things ..... yes no

41. I have nice hair ..... yes no

42. I often volunteer in school ..... yes no

43. I wish I were different ..... yes no

44. I sleep well at night ..... yes no

45. I hate school ..... yes no

46. I am among the last to be chosen for games ..... yes no

47. I am sick a lot ..... yes no

48. I am often mean to other people ..... yes no

49. My classmates in school think I have good ideas ... yes no

50. I am unhappy ..... yes no

51. I have many friends ..... yes no

52. I am cheerful ..... yes no

53. I am dumb about most things ..... yes no

54. I am good-looking ..... yes no

55. I have lots of pep ..... yes no

56. I get into a lot of fights ..... yes no

57. I am popular with boys ..... yes no

58. People pick on me ..... yes no

59. My family is disappointed in me ..... yes no

60. I have a pleasant face ..... yes no

61. When I try to make something, everything seems to go wrong ..... yes no

62. I am picked on at home ..... yes no

63. I am a leader in games and sports ..... yes no

64. I am clumsy ..... yes no

65. In games and sports, I watch instead of play ..... yes no

66. I forget what I learn ..... yes no

67. I am easy to get along with ..... yes no

68. I lose my temper easily ..... yes no

69. I am popular with girls ..... yes no

70. I am a good reader ..... yes no

71. I would rather work alone than with a group ..... yes no

72. I like my brother (sister) ..... yes no

73. I have a good figure ..... yes no

74. I am often afraid ..... yes no

75. I am always dropping or breaking things ..... yes no

76. I can be trusted ..... yes no

77. I am different from other people ..... yes no

78. I think bad thoughts ..... yes no

79. I cry easily ..... yes no

80. I am a good person ..... yes no

WPS WESTERN PSYCHOLOGICAL SERVICES
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May 8, 1990

P.L. Schuster
8 Pineridge Cr.
St. Albert, Alberta
Canada T8N 4P2

Dear Mr. Schuster:

Thank you for your letter of April 17, in which you request permission to use the Piers-Harris Children's Self-Concept Scale (PHCSCS) in your graduate research through the University of Alberta, examining the relationship between adolescent sexual behavior and self-esteem.

Western Psychological Services strongly encourages scholarly research, and no permission from us is necessary for use of our publications, in this context, with the following stipulations:

1) No reproduction or adaptation of the materials may be made in any format, for any purpose, electronic or otherwise, without our prior, written permission;

2) Because you are a student, you will need to purchase and use the materials under the direct supervision of a qualified professional. Please complete the enclosed "Application to Purchase and Use Assessment Materials" (note the Section E must be signed and dated by you supervising faculty member), and return it to WPS with your order; and

3) All materials must be used ethically and for the purposes and in the manner for which they were intended.

Due to the description of your research provided with your letter, WPS hereby authorizes you for its 20% Research Discount, to be applied against the cost of PHCSCS materials to be used in your above-described study. The discount is not retroactive, but may be applied against related orders until discount authorization expires on May 10, 1991. When placing orders by mail, please be certain to enclose a copy of this letter of discount authorization.

In exchange for receiving the 20% Research Discount, please provide WPS with one copy of all articles (including journal submissions, dissertations, convention papers, etc.) which use the PHCSCS data obtained in your research. The articles should be marked to the attention of the WPS Research Coordinator. WPS reserves the right to use any such data; you will of course receive proper acknowledgment if we use your research results.

Your interest in the PHCSCS is appreciated. If you have any questions, please feel free to contact me.

Sincerely,

Susan Dunn Weinberg
Assistant to the President
Rights and Permissions

SDW:se
Enclosures

Appendix F

Pre-Test

Part 5 - Sexual Activity

Circle the correct answer to the following three questions

1 - **YES**
2 - **NO**

1.	Have you ever had sexual intercourse?	1	2
2.	Have you had sexual intercourse during the last month?	1	2
3.	If you have had sexual intercourse, did you use contraception (birth control)?	1	2

Post-Test

Part 5 - Sexual Activity

Circle the correct answer to the following three questions

1 - **YES**
2 - **NO**

1.	Have you ever had sexual intercourse?	1	2
2.	Have you had sexual intercourse during the last month?	1	2
3.	If you have had sexual intercourse, did you use contraception (birth control)?	1	2

Appendix G

TABLE 1

Means Tables for Total Scale Scores of

Piers-Harris Children's Self-Concept Score

Grouped by Gender and Sexual Activity

VARIABLE	Group	N	Mean T-Score	STD. DEV.
Total	Entire Population	54	48.78	10.32
	Male	18	50.97	11.94
	Active Male	3	52.36	10.41
	Inactive Male	15	50.69	12.54
	Female	36	47.68	9.39
	Active Female	4	45.48	7.47
	Inactive Female	32	47.96	9.67

Table 2

Means Tables for Behavior Cluster Scores of

Piers-Harris Children's Self-Concept Score

Grouped by Gender and Sexual Activity

VARIABLE	Group	N	Mean T-Score	STD. DEV.
Behavior	Entire Population	54	49.81	10.38
	Male	18	48.50	12.24
	Active	3	47.28	13.75
	Inactive	15	48.73	12.43
	Female	36	50.46	9.43
	Active	4	40.22	15.19
	Inactive	32	51.75	7.93

TABLE 3

Means Tables for Intellectual & School Status Cluster Scores of Piers-Harris Children's Self-Concept Score Grouped by Gender and Sexual Activity

VARIABLE	Group	N	Mean T-Score	STD. DEV.
Intellectual & School Status	Entire Population	54	49.71	10.55
	Male	18	49.52	11.23
	Active Male	3	47.78	10.50
	Inactive Male	15	49.86	11.69
	Female	36	49.80	10.36
	Active Female	4	50.60	5.35
	Inactive Female	32	49.70	10.88

Table 4

Means Tables for Physical Appearance & Attributes Cluster Scores of Piers-Harris Children's Self-Concept Score Grouped by Gender and Sexual Activity

VARIABLE	Group	N	Mean T-Score	STD. DEV.
Physical Appearance & Attributes	Entire Population	54	49.07	10.07
	Male	18	48.61	11.91
	Active	3	54.11	11.36
	Inactive	15	47.51	12.08
	Female	36	49.30	9.19
	Active	4	60.00	5.00
	Inactive	32	47.96	8.74

Table 5

Means Tables for Anxiety Cluster Scores of

Piers-Harris Children's Self-Concept Score

Grouped by Gender and Sexual Activity

VARIABLE	Group	N	Mean T-Score	STD. DEV.
Anxiety	Total Population	54	48.12	10.06
	Male	18	54.48	8.49
	Active	3	57.90	3.39
	Inactive	15	53.79	9.10
	Female	36	44.95	9.34
	Active	4	47.39	1.47
	Inactive	32	44.64	9.87

TABLE 6

Means Tables for Popularity Cluster Scores of

Piers-Harris Children's Self-Concept Score

Grouped by Gender and Sexual Activity

VARIABLE	Group	N	Mean T-Score	STD. DEV.
Popularity	Entire Population	54	48.72	10.00
	Male	18	49.07	10.89
	Active	3	56.07	3.82
	Inactive	15	47.67	11.38
	Female	36	48.54	9.68
	Active	4	52.25	6.23
	Inactive	32	48.08	10.00

TABLE 7

Means Tables for Happiness & Satisfaction Cluster Scores of Piers-Harris Children's Self-Concept Score Grouped by Gender and Sexual Activity

VARIABLE	Group	N	Mean T-Score	STD. DEV.
Happiness & Satisfaction	Entire Population	54	48.82	10.71
	Male	18	52.17	10.33
	Active Male	3	53.76	4.76
	Inactive Male	15	51.86	11.21
	Female	36	47.15	10.63
	Active Female	4	49.00	5.50
	Inactive Female	32	46.92	11.15